

FLOWCHART

DRUG MEDICAL CERTIFICATION

PROCESS

I. APPLICATION REQUEST PROCESS

- I.1 Provider requests application packet from Department.
- I.2 ADP staff who received request completes “Analyst’s Work Request Form” with the following information:
- Request By: Person’s initials taking request
 - Date Requested: Date of provider request
 - Special Instructions: “Drug Medi-Cal (DMC) application”
 - Mail To: Provider’s name and mailing address
- I.3 Support staff:
- Sends to the provider an application packet which includes a cover letter, application, Title 22, California Code of Regulations, DMC Standards, State Drug Treatment Program Standards, copies of workbooks used by the analyst during the site visit, and DMC Reimbursement Rate Caps.
 - Sends copy of cover letter with the identity of the provider to county alcohol and drug program administrator
 - Notes date on Analyst’s Work Request Form
- I.4 If the provider submits the application, the process continues with the Application Review Process.
- I.4.a If the provider does not submit an application, the process ends.

II. APPLICATION REVIEW PROCESS

- II.1 Application received and date stamped.
- II.2 Application logged into computer log, file set up, support staff cross-checks if alcohol and/or other drug (AOD) certification application received.
- II.3-
II.3.c Application reviewed for completeness. If application not complete, the provider is notified by telephone or letter of additional information needed and the 30-day deadline for completion or application will be terminated.
- II.4 Letter informing provider application is complete.
- II.5 NTP site reviews and follow up of deficiencies will be assigned to Narcotic Treatment Program Licensing Branch (NTP).
- II.6 The assigned analyst schedules and conducts the site review, and writes a site review report which either approves the certificate or lists the deficiencies. NTP analysts will conduct unannounced site reviews when conducting annual licensing reviews. Following the site review, the assigned analyst sends the site review report to the provider as soon as possible.
- II.7-9 If no deficiencies are found during the site reviews, the provider will be approved effective the date of the site review. If deficiencies are found, the provider shall have 30 days to correct deficiencies and notify ADP.
- II.9.a Failure of the provider to submit a notice of correction of the deficiencies within 30 days shall result in the termination of the application review process. The provider must reapply to seek certification.
- II.10-
II.10.c If the provider submits a notice of corrected deficiencies, but the ADP is not satisfied that the deficiencies have been corrected, ADP will contact the provider for further clarification or information. The provider has 30 days to resolve the issues or the application review is terminated.

The assigned analyst, either in ROPCB or NTP carries out steps II.5-10.c and notifies the ROPCB supervisor when the outcome is known.
- II.11-13 Certification approved and letter sent to provider, county, and Drug Medi-Cal Unit. Drug Medi-Cal Unit completes the process by adding provider to certified payors list and notifying DHS.

III. APPEAL PROCESS

First Level

- III.1-
III.1.a Provider files a written request for appeal within 30 calendar days of receipt of denial, otherwise appeal process ends.
- III.2 Appeal request is logged.
- III.3 ADP acknowledges request for appeal (within 15 calendar days of receipt of request).
- III.4-5 ADP acts on appeal and informs provider and county of the decision within 15 calendar days of acknowledgement of appeal. ADP has the option of extending decision response if additional information needed from provider or county. Provider and/or county notified of extension.

Second Level

- III.7-
III.7.a Provider files a request for a second-level appeal within 30 calendar days of either the date ADP required to acknowledge the first level appeal but fails to do so, or the date of ADP's first level appeal decision.
- III.8 Second-level appeal request is logged.
- III.9-11 ADP acts on appeal and informs the provider and county of the conclusion and reasons within 60 days of receipt of referral. Deputy Director may hold informal meeting or may request additional information. ADP has the option of extending decision response if additional information needed from provider or county. Provider and/or county notified of extension.